

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768697

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** GOLF VILLAS AT PLACID LAKES COMMUNITIES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

000 GOLF VILLAS COURT NW  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2830  
LAKE PLACID, FL 33862 US

**New Mailing Address:**

**FEI Number:** 59-2290996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORRIGAN, MARGARET L  
135 LINCOLN ROAD, NW  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CORRIGAN, MARGARET L  
Address: 135 LINCOLN ROAD, NW  
City-St-Zip: LAKE PLACID, FL 33852

Title: V/D ( ) Delete  
Name: THORPE, DEBBIE M  
Address: 271 CATFISH CREEK ROAD  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: KICZA, NORMAN  
Address: 2132 ROYAL DR  
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: JOHNSON, JAMES  
Address: 3703 WESTMINSTERRD  
City-St-Zip: SEBRING, FL 33875

Title: S/D ( ) Delete  
Name: FITZGERALD, MARY  
Address: 476 SW CR. 138  
City-St-Zip: FORT WHITE, FL 32038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/D (X) Change ( ) Addition  
Name: DELGADO, RAIMUNDO  
Address: 7040 SW 19TH TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: AUSTER, RICHARD  
Address: 207 GOLF VILLAS CT  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET L CORRIGAN

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date